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FORM D

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2007

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

UNIFORM LIMITED OFFERING EXEMPTION

POTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:								
Estimated averag	e burden							
hours per respons	se 16.00							

SEC USE ONLY									
Prefix	Serial								
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	1								

210 (69)	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Boxxer Gold Corp. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07066363
Boxxer Gold Corp.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Suite 920, 1122-4th St. SW, Calgary, Alberta T2R 1M1 Canada	Telephone Number (Including Area Code) 403-264-4811
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	PROCESSED JUN 1 1 2007
Brief Description of Business	PROCESSED
Natural resource mining	JUN 1 1 2007
Type of Business Organization Corporation United partnership, already formed United partnership, to be formed Imited partnership, to be formed	Polease specify): THOMSON FINANCIAL
Month Year Actual or Estimated Date of Incorporation or Organization: 05 96 Actual Estinguistion of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated CN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			AND ECANONDARY		
2. Enter the information req	uested for the fol	lowing:			
Each promoter of the	issuer, if the iss	uer has been organized w	vithin the past five years;		
Each beneficial owner	r having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
Each executive office	er and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
Each general and ma	naging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	_	_	_	_	Managing Partner
Full Name (Last name first, if	individual)				
Stewart, Elmer					
	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Christensen, Colin					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
1738 - 1st Avenue NW, Ca	lgary, AB T21	NOB1 Canada			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Roe, Gerald L.	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
RR #1, Site 21, Box 3, Mil	larville, AB T	OL 1KO Canada			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Kilbourne, William T.					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
27 Anatapi Lane SW, Cal	gary, AB T3H	4G2 Canada			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Harder, Brian C.	individual)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Each promoter of the issuer, if the issuer has been organized within the past five year; Each beneficial owner having the power to vote or dispost, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Cheek Box(es) that Apply:					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
	(Use blas	nk sheet, or copy and usc	additional copies of this si	heet, as necessary)	

			W. Alexandra					TO JUNE				TEN YEE	
•	TV	·	d, or does ti	!		II to man a	ة المعالم		. this offer	:?		Yes	No
l.	Has the	issuer soid	a, or does u			n, to non-a Appendix							
•	51 PL _ 4 !-	AL:-:-						-				s N/A	A
2.										Yes	No		
3.		_	•		-								™
4.	commis If a pers or states	sion or sim on to be lis s, list the n	ilar remune sted is an ass	ration for s sociated pe roker or de	solicitation erson or age caler. If me	of purchasent of a brol ore than five	ers in conn ker or deald e (5) perso:	ection with r registere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	irectly, any he offering. with a state sons of such		
Ful	i Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	umber and	d Street, C	ity, State, 2	Zip Code)		·	· ——· · · · · · · · · · · · · · · · · ·			·
Na	ne of Ass	sociated Bi	roker or De	aler						,			
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
-			s" or check	• •					••••••	***************************************		□ AI	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	: Address (ì	Number an	d Street, C	ity, State,	Zip Code)		 				
Naı	ne of Ass	sociated Br	roker or De	aler		· · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)						***************************************	☐ Ali	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	ID MO PA PR
Ful	i Name (Last name	first, if indi	vidual)			.,.	·	 				
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Naı	ne of Ass	ociated Br	oker or De	aler					·	·			
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			or check								•••••••••••	□ All	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	:	Amount Aiready Sold
	Debt	-		\$
	Equity 341,000 units* - working capital to fund exploration expenditures	62,000.62		s 31,000.31
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants)	<u> </u>		\$
	Partnership Interests	5 _		\$
	Other (Specify)			\$
	Total	62,000.62	_	\$ 31,000.31
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	1	_	\$_62,000.62
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	·		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A			\$
	Rule 504		-	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[\$
	Printing and Engraving Costs	[]	s
	Legal Fees	[Z	s _5,000.00
	Accounting Fees	[s
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		_	\$
	Other Expenses (identify) Blue Sky Filing Fees		<u></u>	\$ 300.00
	Total		Z	\$ 5,300.00

^{*} Each unit consists of one common share plus 1/2 common share purshase warrant. Each warrant is exercisable for 1 common share of common stock for a period of 18 months at approximately \$0.20.

*	1000000 to 510 100000 501 101 }	ase to Part C — Question 4.b above.	yross	
		•	Payments to Officers, Directors, & Affiliates	Payments to Others
S	Salaries and fees		🗀 \$	s
F	urchase of real estate		🗆 \$. 🗆 \$
D	Purchase rental or leasing and installat			
		gs and facilities		
o i:	offering that may be used in exchange for some pursuant to a merger)			
F	Repayment of indebtedness			. 🗆 \$
		······································		
C	Other (specify):		🗆 🗫	. 🗆 \$
-	•		 	
(•	•
7	Total Payments Listed (column totals ac	dded)	['] [2] \$ <u>56</u>	5,700.62
		The state of the s	ATTICATED TO CONTROL OF THE STATE	
cionet	ture constitutes an undertaking by the is	gned by the undersigned duly authorized person. If this issuer to furnish to the U.S. Securities and Exchange Company non-accredited investor pursuant to paragraph (b)(2	mmission, upon writte	ale 505, the following on request of its staff
Issue	r (Print or Type)	Signatule	Date	
Box	ker Gold Corp.	This Listures	May 25, 20	07
Name	of Signer (Print or Type)	Title of Signer (Print or Type)		
Colin	Christensen	President		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	LE CONTRACTOR DE LA CON				
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	sently subject to any of the disqualification		Yes	No ⊠
	See A	Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required	rnish to any state administrator of any state in w I by state law.	hich this notice is fil	ed a not	ice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written	n request, informatio	on furni	ished by the
4.		uer is familiar with the conditions that must be te in which this notice is filed and understands ng that these conditions have been satisfied.			
	er has read this notification and knows the content thorized person.	nts to be true and has duly caused this notice to be	e signed on its behalf	by the i	ındersigned
Issuer (F	rint or Type)	Signature	Date		
Boxxer (Gold Corp.	this this trace	May 2 5, 200	7	
Name (P	rint or Type)	Title (Print or Type)	•		
Colin C	hristensen	President			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

						· · · · · · · · · · · · · · · · · · ·		I	
1	Intend to non-a investor	l to sell ccredited s in State	Type of security and aggregate offering price offered in state	4 Type of investor and amount purchased in State				under Sta (if yes, explana waiver	ification ate ULOE
	(Part B	-Item 1)	(Part C-Item 1)	 	(Pan	C-Item 2)		(Fait E	item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	<u>.</u>	×		0	\$0.00	0	\$0.00		×
AK		×		o	\$0.00	0	\$0.00		×
AZ		к		0	\$0.00	0	\$0.00		×
AR		×		0	\$0.00	0	\$0.00		×
CA		×	341,000 units/ \$62,000.62	1	\$62,000.62	0	\$0.00		×
СО		×		0	\$0.00	0	\$0.00		×
СТ		ж		0	\$0.00	0	\$0.00		×
DE		×		0	\$0.00	0	\$0.00		×
DC		×		0	\$0.00	0	\$0.00		×
FL		×		0	\$0.00	0	\$0.00		*
GA		×		0	\$0.00	0	\$0.00		*
н		×		0	\$0.00	0	\$0.00		×
ID		×		0	\$0.00	0	\$0.00		×
IL		×		0	\$0.00	0	\$0.00		*
IN		×		0	\$0.00	0	\$0.00		×
IA		×		0	\$0.00	0	\$0.00		×
KS		×		0	\$0.00	0	\$0.00		×
KY		×		0	\$0.00	0	\$0.00		×
LA		×		0	\$0.00	0	\$0.00		×
ME		×		0	\$0.00	0	\$0.00		×
MD		×		0	\$0.00	0	\$0.00		×
MA		×		0	\$0.00	0	\$0.00		×
MI		×		0	\$0.00	0	\$0.00		*
MN		×		0	\$0.00	0	\$0.00	-	×
MS		×		0	\$0.00	0	\$0.00		×

					DNI PLANTA				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Sta (if yes, explana waiver	ification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		×		0	\$0.00	0	\$0.00		×
MT		×		0	\$0.00	0	\$0.00		×
NE		×		o	\$0.00	0	\$0.00		×
NV		×	,	0	\$0.00	0	\$0.00		×
NH		×		0	\$0.00	0	\$0.00		×
NJ		×		0	\$0.00	0	\$0.00		×
NM		×		0	\$0.00	0	\$0.00		×
NY		×		0	\$0.00	0	\$0.00		×
NC		×		0	\$0.00	0	\$0.00		×
ND	-	×		0	\$0.00	0	\$0.00		×
ОН		×		o	\$0.00	0	\$0.00		×
ОК		×		0	\$0.00	0	\$0.00		×
OR		×		0	\$0.00	0	\$0.00		×
PA		×		0	\$0.00	0	\$0.00		×
RI		×		0	\$0.00	0	\$0.00		×
sc		×		0	\$0.00	0	\$0.00		×
SD		×		0	\$0.00	0	\$0.00		×
TN		×		0	\$0.00	0	\$0.00		×
TX		×		0	\$0.00	0	\$0.00		×
UT		×		0	\$0.00	0	\$0.00		×
VT		×		0	\$0.00	0	\$0.00		×
VA		×		0	\$0.00	0	\$0.00		×
WA		×		0	\$0.00	0	\$0.00		×
wv		×		0	\$0.00	0	\$0.00		×
WI		×		0	\$0.00	0	\$0.00		×

1		2	3		5 Disqualification				
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Sta (if yes, explana waiver (Part E-	attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		×		0	\$0.00	0	\$0.00		×
PR		×		0	\$0.00	0	\$0.00		×